STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/14/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLYN BOONE LEWIS HEALTH CARE CENTER	1380 SOUTHERN AVE SE WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The annual Life Safety Code inspection was conducted on December 14, 2006. Based on observations the following deficiency was cited.	K 000	**K130** 1. Elevator shafts were cleaned of paper products and oil on 12/29/06 by outside contractor. See repair order attached. 2. Maintenance staff will monitor monthly to ensure compliance and get cleaned as needed and will also check behind all contractors to make sure the work has been completed as requested. 3. Rounds will be made monthly by maintenance staff to ensure compliance. 4. Monitoring of corrective action will be done in quarterly CQI.	1/8/07
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that facility staff failed to ensure that the elevator shafts were free of debris. The findings include: During the Life Safety Code inspection, it was determined that materials such as paper products and oil were allowed to accumulate on the floor of the elevator shafts in two (2) of two (2) observations at 10:20 AM on December 14, 2006.	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Calanthia Green | Administrator | 1-8-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

POC completed 1/30/07 mt

PRINTED: 12/28/2006
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095015	A. BUILDING _____ B. WING _____	12/14/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLYN BOONE LEWIS HEALTH CARE CEN	1380 SOUTHERN AVE SE WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments An annual licensure survey was conducted December 11 through 14, 2006. The following deficiencies were based on record review, observations and staff interviews. The sample included 26 records based on a census of 173 residents on the first day of survey and nine (9) supplemental records.	L 000		
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: Based on observations, staff interviews and record review for nine (9) of 26 sampled residents, it was determined that the charge	L 051	L 051 #1A, #3A, #7 1. The clarification of incomplete treatment orders written on 10/15/06 related to cleansing agent, frequency and location for the treatment was corrected on 12/12/06 for residents #2 and resident # 4 order written on Nov. 10, 2006 physician was called to verify the order on 12/12/06 and the correct treatment order was given and designated area to apply the cream. Resident #16 order dated 7/24/06 was corrected on 12/13/06 to include cleansing agent and location of the wounds. 2. All other residents identified with treatment orders charts were reviewed for accurracy and corrected if needed.	

Calanthia Green
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator
TITLE

1-8-07
(X6) DATE

1A